

<p>Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</p> <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2007</h3>		<p><b>Complete if Known</b></p>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	
		10/508,828-Conf. #3768	
		Filing Date	
		November 9, 2004	
		First Named Inventor	
		Koichi NISHIMURA	
		Examiner Name	
		R. D. Shafer	
		Art Unit	
		2872	
TOTAL AMOUNT OF PAYMENT		(\$)	120.00
		Attorney Docket No.	2593-0148PUS1

<p><b>METHOD OF PAYMENT</b> (check all that apply)</p>	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account    Deposit Account Number: <u>02-2448</u> Deposit Account Name: <u>Birch, Stewart, Kolasch &amp; Birch,</u>	
<p>For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)</p>	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

<p><b>FEE CALCULATION</b></p>							
<p><b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b></p>							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		Small Entity		Small Entity		Small Entity	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____
<p><b>2. EXCESS CLAIM FEES</b></p>							
Fee Description	Fee (\$)	Small Entity Fee (\$)					
Each claim over 20 (including Reissues)	50	25					
Each independent claim over 3 (including Reissues)	200	100					
Multiple dependent claims	360	180					
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims			
11	-20 = 0	x _____ =	_____	Fee (\$)	Fee Paid (\$)		
<p>HP = highest number of total claims paid for, if greater than 20.</p>							
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)				
2	-3 = 0	x _____ =	_____				
<p>HP = highest number of independent claims paid for, if greater than 3.</p>							
<p><b>3. APPLICATION SIZE FEE</b></p>							
<p>If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).</p>							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)			
_____	- 100 = _____	/ 50 = _____ (round up to a whole number) x _____ =	_____	_____			
<p><b>4. OTHER FEE(S)</b></p>							
Non-English Specification, \$130 fee (no small entity discount)				Fees Paid (\$)			
Other (e.g., late filing surcharge): 1251 Extension for response within first month				120.00			

<p><b>SUBMITTED BY</b></p>			
Signature		Registration No. (Attorney/Agent)	21,066
Name (Print/Type)	Raymond C. Stewart #21,066	Telephone	(703) 205-8000
		Date	August 9, 2007